

ISSUE SLIP STAPLE AREA (for additional cross references)

09/87/6567

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | 46       |        | 6-12-01  |
| CLIP CLASSIFIER           | 46       |        | 6-22-01  |
| FORMALTY REVIEW           | A.T.     | 1031   | 08/01/01 |
| RESPONSE FORMALITY REVIEW |          |        |          |

# INDEX OF CLAIMS

\* \_\_\_\_\_ Rejected  
 \* \_\_\_\_\_ Allowed  
 \* (Through exam) \_\_\_\_\_ Cancelled  
 \* \_\_\_\_\_ Restricted

M \_\_\_\_\_  
 I \_\_\_\_\_  
 A \_\_\_\_\_  
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RECORD AVAILABLE COPY

| Claim | Date | Claim | Date | Claim | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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